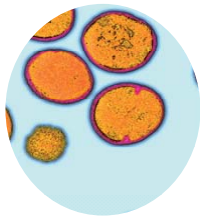
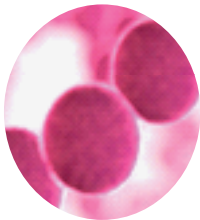


Annual Report 2011



BIAM
British Infection Association

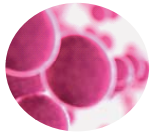
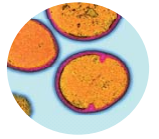
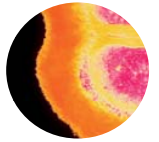


**A review of 2011 and
looking forward to 2012**

Abbreviations used throughout this review

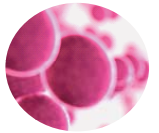
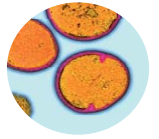
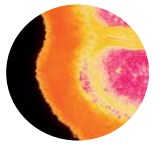
AMM	Association of Medical Microbiologists
BASHH	British Association for Sexual Health & HIV
BHIVA	British HIV Association
BIA	British Infection Association
BIS	British Infection Society
BSAC	British Society for Antimicrobial Chemotherapy
BSMM	British Society for Medical Mycology
CCT	Certificate of Completion of Training
DH	Department of Health
EAAD	European Antibiotic Awareness Day
FIS	Federation of Infection Societies
HIS	Healthcare Infection Society
HPA	Health Protection Agency
IPS	Infection Prevention Society
MRC	Medical Research Council
NICE	National Institute for Clinical Excellence
PMETB	Postgraduate Medical Training Board
RCPATH	Royal College of Pathologists
RCP	Royal College of Physicians
SGM	Society for General Microbiology

Contents



Introduction	3
Council	4
Strategy	5
Membership & Communications	6 - 7
Standard Setting & Guideline Development - Enhancing Clinical Practice	8 - 9
Clinical Services	10
Education & Meetings	11
Manpower, Training & Trainee Affairs	12 - 13
Science & Research	14
Collaboration with other societies & other external relationships	15
Governance	16 - 17
The Journal of Infection	18
How to contact us	19
Appendix A - British Infection Association sub-Committees	20 - 21
Appendix B - BIA representation on external committees	22 - 23
Meet some of the team	24 - 25
Thank you & acknowledgements	26

A review of 2011 and looking forward to 2012



Introduction by the President

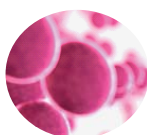
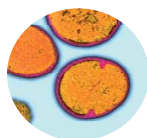
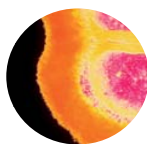
Dr Jane Stockley



It has been another busy year for the British Infection Association, with a great many achievements. The year has seen increasing collaboration with our fellow Infection professional societies, and with the Royal Colleges; and our Journal has once again increased its impact factor. Within this report, I have highlighted key areas of activity, linking achievements with our stated aims as a professional society and charity; and I have taken the opportunity to outline future developments and plans for 2012 and beyond. Many thanks are due to our hard working Council, and the many others who give of their time and energy to represent the Association or work on its behalf. Some of these are mentioned in the report, and many more appear in the Appendix at the end. Throughout the year, I have received many communications from members, suggesting initiatives that may benefit the membership and promote good clinical practice. Examples of these will be found within this report, and Council is always open to receive additional ideas and suggestions. I am most grateful to all those that contribute, and I look forward to the Association moving from strength to strength over the coming year.

Jane Stockley

January 2012



British Infection Association Council 2011

President	Dr Jane Stockley
Vice President	Dr Peter Moss
Hon Secretary	Dr Beryl Oppenheim
Hon Treasurer	Professor Alistair Leanord
Manpower & Training Secretary	Dr Albert Mifsud
Scientific & Research Secretary	Professor Dietrich Mack
Guidelines Secretary	Dr Peter Cowling
Meetings Secretary	Professor Steve Green
Membership Secretary	Dr David Jenkins
Clinical Services Secretaries	Dr Andrew Swann (Microbiology & Virology) Dr Matthias Schmid (Infectious Diseases)
Communications Secretary	Dr Kumara Dharmasena
Associate Member Secretary	Mr Phil Howard (since Jan 2010)
Trainee representatives	Dr Susan Larkin (Meetings) Dr Susie Alleyne (Professional Affairs) Dr David Partridge (Communications) – co- opted Sept 2010
Editor, Journal of Infection	Professor Rob Read

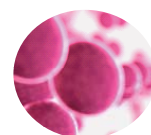
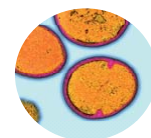
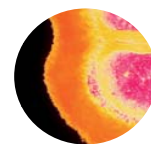
Three Council meetings were held in 2010, bringing the total of meetings held since election of this Council to seven.

Over Autumn 2011, nominations were sought for President and Treasurer Elect, to shadow current post-holders before taking up office later in 2012. Nominations were also sought for a replacement Clinical Services Secretary (Microbiology), and for two trainee representatives on completion of their term of office. Five excellent nominations were received for these posts:

President Elect	Dr Peter Moss
Treasurer Elect	Dr Stephen Barrett
Clinical Services Secretary (Microbiology)	Dr Tony Elston
Trainee representatives	Dr Fiona McGill Dr Thushan de Silva

Grateful thanks to Andrew Swann, Susie Alleyne and Susan Larkin for all their contributions to Council and the BIA as a whole over the past 2 years.

Strategy



British Infection Association Strategy 2010-2013

Overall Aim

To work to ensure optimal delivery of healthcare to patients diagnosed with infection through:

- Representing the views of infection specialists, and providing expert opinion on infection-related matters, to external agencies, patients and the wider public
- Setting & reviewing standards in infection practice, including the development of guidelines
- Supporting infection specialists within their daily work, through facilitating communication and providing useful resources
- Education and training
- Infection-related research
- Collaboration with other infection-related specialist groups

These areas will be explored further within the following pages, under the broad headings of

Membership and Communications

Standard setting and Guideline development - Enhancing Clinical Practice

Clinical Services

Education and Meetings

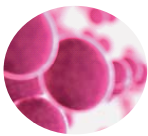
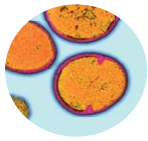
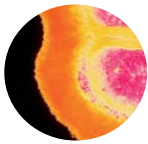
Manpower, Training & Trainee Affairs

Science & Research

Collaboration with other societies & other external relationships

Governance

The Journal of Infection



Membership & Communications

Aim:

To encourage all infection specialists to become members of the Association, and to ensure that membership delivers appropriate benefits, support and opportunities. To ensure that optimal communications are developed within and beyond the organisation.

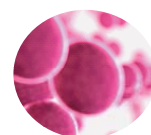
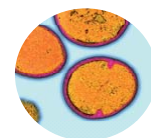
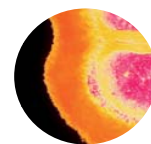
Progress over 2011:

- Final merging of old AMM and BIS membership databases, with ability for members to edit their contact details on-line
- Membership numbers have grown to 1462, of which 539 are trainees, and 21 are Associate members
- Appointment to Council of an Associate Member Secretary, and a further trainee representative responsible for trainee communications and production of the BIA newsletter
- Maintenance of the BIA email discussion forum
- Further development of the BIA website, www.britishinfection.org with a 'members only' facility for posting of consultation documents
- Developing a strategy to manage requests for consultations and responses to external enquiries
- Publication of 3 newsletters, and bimonthly President's updates
- Establishment of a trainees' committee with broad representation across the infection specialties
- 2011 subscription fees reviewed and differential subscription packages offered, giving the option of electronic journal access rather than hard copy. Basic subscription fee set at £75 with electronic and archive journal access. Trainees continue to enjoy free BIA membership, with an option to obtain the Journal of Infection at a reduced rate.
- Maintenance of a BIA advisory committee for Clinical Excellence awards

Our website continues to evolve to reflect our activities, and to provide an informative resource for members; and the trainees area is currently being developed with links to internet based training resources, with a discussion forum under consideration.

It has been a pleasure to welcome Phil Howard as Associate member Secretary on Council. Phil is a head pharmacist from Leeds, who has a particular interest in antibiotic stewardship, and has been a key link person between the BIA and stewardship initiatives such as ASPIC (Antibiotic Stewardship in Primary Care).

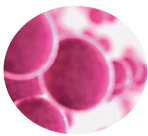
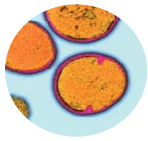
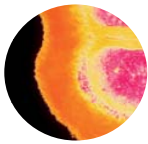
Membership & Communications



Further planned work in this area includes

- Establishing a register of interests of members, and engagement with those who may be prepared to offer expert opinion in specific areas
- Promoting BIA membership to all relevant individuals, including trainees, and non-medical professional group with an interest in infection
- Ensuring that specific issues relating to colleagues working in all devolved administrations (Wales, Scotland, Ireland as well as England) are included within societal business
- Support for colleagues working abroad

Council would very much like to hear from members who might be interested in associate membership, or leading on issues relating to workers abroad.



Standard Setting & Guideline Development - Enhancing Clinical Practice

Aim:

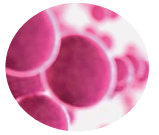
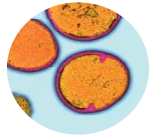
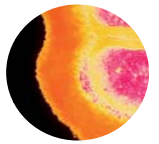
To support infection practitioners through the development of appropriate guidelines and relevant standards of practice.

Progress over 2011

- Norovirus Working Party set up, with representation from BIA, HPA, IPS, HIS and NHS Confederation, along with DH observers from England, Scotland and Northern Ireland. The pre-publication output from this working party - guidelines on the management of norovirus outbreaks in acute and community health and social care settings – made available on BIA website
- A BIA Lyme borreliosis position paper was published in the JOI in April 2011, with subsequent invitation for the BIA to join a James Lind Alliance Steering Group looking into research priorities for the further understanding of Lyme borreliosis within the UK
- Joint BIA and BHIVA guidelines on the management of opportunistic infection in HIV sero-positive individuals published in HIV Medicine in September 2011
- Collaboration with the HPA Primary Care Unit in the production of guidelines for the investigation and management of infection in Primary Care, and with the UK Standards for Microbiology Investigation Working Group for microbiology laboratory guidelines
- Establishment of a multi-disciplinary working group to produce guidelines for the prevention, diagnosis and management of infection in orthopaedics, involving the BIA, British Orthopaedic Association and HIS
- Collaboration with other agencies interested in antibiotic stewardship to produce educational material for European Antibiotic Awareness Day 2011, and support for ASPIC (Antibiotic Stewardship in Primary Care)
- A joint BIA and British Society of Medical Mycology (BSMM) working group was convened to consider guidelines which might be usefully produced through collaborative working
- BIA endorsement of the NICE Quality Improvement Guide for infection prevention & control in secondary care settings

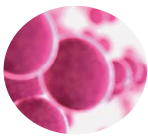
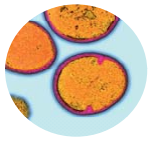
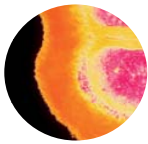
Special thanks are due to BIA Guidelines Secretary, Peter Cowling who has worked so hard over the year to lead BIA and collaborative working groups in the production of clinical guidelines. 2011 also saw the fruition of long-standing work by David Dockrell and others in the publication of guidelines for opportunistic infection in HIV sero-positive individuals.

Standard Setting & Guideline Development - Enhancing Clinical Practice



Further planned work in this area includes:

- Further collaboration with fellow infection societies, Royal Colleges and external agencies in the development and publication of relevant guidelines, and standard setting. Examples include:
 - the HIS/BSAC/BIA working party on multi resistant Gram-negative infections
 - publication of multi-agency guidelines on the prevention and control of Group A streptococcal infection in acute healthcare and maternity settings in the UK, in the January 2012 edition of the Journal of Infection
 - publication of multi-agency guidelines on the management of viral encephalitis in adults and children
 - representation on a HPA group looking at the control of pertussis in healthcare settings
 - infection control in the built environment and isolation facilities
 - contributing to advice given within the British National Formulary regarding infectious disease management and antibiotic use
 - Support for the Royal College of Physicians 'Ten Top Tips' guide for reducing the risk of healthcare associated infection
- Working to ensure that relevant consultations are made available to the membership
- Ensuring that relevant guidelines and standards are made easily accessible, and promoted amongst the BIA membership



Clinical Services

Aim:

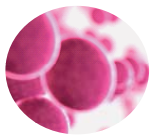
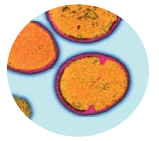
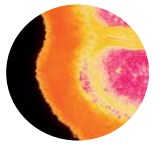
To support infection specialists in their daily work, addressing issues of current concern and importance in the delivery of clinical microbiology, infectious diseases and other infection-related clinical specialties, public health and infection control.

Progress during 2011:

- Continuing the legacy work of the AMM Clinical Services Committee, re-defining terms of reference and roles and responsibilities of committee members (See Appendix A for current membership list)
- Responding to key consultation documents
- Writing to key individuals regarding matters of concern, including implementation of Carter Report, reconfiguration of pathology services, and commissioning of specialist infectious disease services
- Publishing position statements in newsletter and website – eg support for national influenza vaccination programme, European Antibiotic Awareness Day (EAAD)
- Providing links to multi-agency educational and clinical practice resources on website (eg EAAD, Norovirus guidelines)
- Formal endorsement of relevant national guidance, such as the NICE Quality Improvement Guide on healthcare-associated infection in secondary care settings
- Contributing to debate and organisational responses at College sub-specialty meetings
- Continuing legacy AMM work undertaken for the 'Blue Skies Agenda' to further refine a service specification for infection services
- Utilisation of the BIA email discussion forum to support members in their daily clinical practice

This area is recognised as being of major importance to the Membership, and Council acknowledges the need to consult widely on many issues. The Microbiology and Virology Clinical Service Committee facilitates a two-way information channel between Council and the wider membership of microbiologists, and a similar facility for Infectious Disease physicians is under consideration.

Education & Meetings



Aim:

To develop the educational and scientific meeting agendas to enhance the education and continuing professional development of Members, other health professionals and the public with responsibility or interest in the management of infection.

Progress during 2011 (see also Trainees' report)

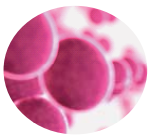
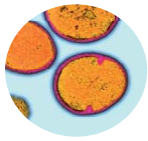
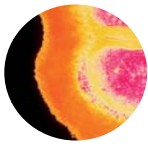
- Successful Annual Scientific meeting held in London, May 2011
- Successful trainees scientific meetings held in May and November 2011
- Collaboration with BSAC and HIS in delivery of a series of workshops and educational activities
- Full BIA participation in FIS 2011 in Manchester, with supported lectureships and other sessions
- Financial and promotional support for educational meetings occurring across the UK
- Four travel grants awarded to facilitate trainee attendance at educational events – Catherine Ong & Leila Cancian (London), Maheshi Ramasamy (Oxford) and Ruchika Bagga (Gurgaon, India)

The BIA is indebted to those members and others who have given time to speak, or chair sessions, at meetings, and who work so hard to organise and ensure the success of educational events.

Special thanks to Dr Liz Boxall for an excellent BIA sponsored JD Williams lecture given at FIS 2011. Her personal account of the developments in Hepatitis B over the 20th to 21st century clearly demonstrated the power of observational study, and the longitudinal follow up of clinical research questions.

Further planned work in this area includes:

- Support for relevant independently developed internet-based training resources for trainees
- Development of BIA website to provide an educational resource for all members, and specific area for doctors and scientists in training



Manpower, Training & Trainee Affairs

Aim:

To support trainees in infection specialities and provide ongoing support to members in substantive posts.

This work includes:

- anticipating the need for consultants and specialists in the infection specialties, and estimating any gap between this need and the number of anticipated new CCT holders
- providing authoritative advice to the Federation of Royal Colleges of Physicians of the United Kingdom and to the Royal College of Pathologists
- Supporting trainees through involvement in the development of training curricula, and the delivery of specialist examinations
- Encouraging trainees to be fully involved in the organisation, supporting a proactive trainee sub-committee, educational initiatives and research (see also Education & Meetings, Science & Research)

Progress during 2011 (see also Trainees' report):

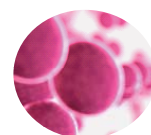
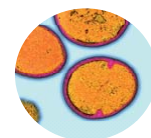
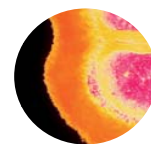
- Establishment of BIA Manpower & Training sub-committee (see Appendix A)
- Establishment of an active Trainees' Committee with broad geographical representation across infection-related specialties (see Appendix A)
- Established BIA representation on all relevant College training and curriculum development committees (see Appendix B)
- Established BIA representation on College manpower committees
- Convening of a BIA Working group to specifically examine and respond to proposed educational curricula and training requirements of trainees in infection
- Ongoing input into the Specialist Certificate Examination in Infectious Diseases

The BIA recognises the critical importance of establishing an effective and appropriate training curriculum for trainees in infection. Key to determining training requirements is the understanding of what might be required of infection specialists of the future. Reviewing service specifications for infection prevention, diagnosis and management provides a framework to determine the skills and experience required of infection specialists, and the diagnostic services they need to use and strategically direct.

Further planned work in this area includes:

- Ensuring membership consultation, and active involvement in the development of infection-related educational curricula, both undergraduate and postgraduate, by attending relevant College committees and actively contributing to consultations

Manpower, Training & Trainee Affairs



- Contributing to consultations from regulatory bodies (eg GMC) over issues such as medical training, recruitment and revalidation
- Continuing to contribute to and influence consultations related to delivery of infection-related diagnostic and clinical services, including infection control and public health. This includes consultations over reconfiguration and commissioning of pathology services, and specialist infectious disease services.
- Publishing and otherwise making available society responses to consultations

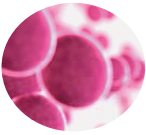
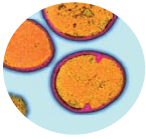
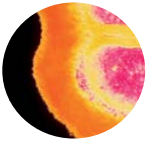
Annual Trainees' Report (Dr Dave Partridge)

Highlights from 2011

- Organisation of 2 trainees' meetings – "Novel Diagnostics and Emerging Problems in Infectious Diseases" at the Spring meeting and an infection medley at the Autumn meeting. The trainees are once again grateful to all of the high calibre speakers who have made time in their busy schedules to make these meetings the success they were.
- The Autumn trainees' meeting was moved to the day before FIS this year, in order to allow the conference to be divided more equitably between trainees at any single institution and to avoid clashes with other meetings or examinations. This change in timing proved popular and it is intended to stick with the new slot in coming years.
- Provision of important feedback obtained from trainee members surveyed with regard to the proposed joint infection training with the aim of ensuring that any change is both deliverable and strengthens the quality of training.

Challenges for 2012

- Improvement and updating of the trainees' section of the website to increase its utility to members.
- Ensuring that trainees' interests are strongly advocated in discussions surrounding workforce planning - especially focussed upon ensuring that appropriate consultant opportunities exist for those approaching completion of training.
- Continued contribution to the development of curricula and in particular to discussions surrounding the proposed joint infection training.
- The Association is extremely grateful for the contribution of time and energy that Susie Alleyne and Susan Larkin have made during their tenure as trainee representatives over the past 2 years.
- We extend a warm welcome to Fiona McGill and Thushan de Silva as the new trainee representatives, roles which they are already coming to grips with.



Science & Research

Aim:

To continue to support infection-related research and educational projects that are of professional and public benefit

Progress during 2011

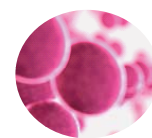
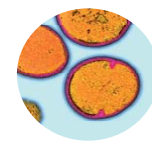
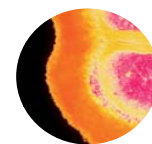
- Working to establish a BIA Scientific & Research sub-committee with a strong strategic agenda for both infectious disease and microbiology
- First Joint MRC/BIA Research Fellowship awarded to Dr Neil Ritchie, University of Glasgow. *The role of Th17 immunity in pneumococcal disease*
- Three Research Project Priming grants awarded to:
 - Dr Rohit Bazaz (Sheffield): *The interaction between bacterial pneumonia and atherosclerosis*
 - Dr Giovanni Satta (London): *The isoniazid resistant Mycobacterium tuberculosis and its association with multidrug resistance*
 - Dr Eamonn Trainor (Liverpool): *Norovirus shedding and infectivity in hospitalised adult patients with acute gastroenteritis*
- Continuing BIS legacy of Barnett Christie lectureships at FIS2011, awarded to Dr Joseph Jarvis (London): *Novel strategies for treatment and prevention of HIV-associated Cryptococcal meningitis*
- Subscription fees determined to ensure that the Association is financially able to continue to offer agreed number of grants and awards
- Collaboration with BSAC and HIS as regards promotion of opportunities for research and travel grants

The BIA is keen to build on the excellent track record of the British Infection Society in supporting research activity of all members, and in particular amongst trainees. The Barnett Christie lectureship given at FIS is a highly regarded award, and this year attracted a highly deserving application. The BIA is happy to continue to receive applications for a variety of travel and research grants (see website for further information).

Further planned work in this area includes:

- keeping funds available for grants under regular review
- promotion of available support to all relevant individuals
- aiming to publish grant allocations, and feedback from relevant research projects so that Membership can see how funds are used
- exploring the potential for collaborative research initiatives with fellow infection-related societies, in particular BSAC and the Society for General Microbiology (SGM)

Collaboration with other societies and other external relationships



Aim:

To ensure that the Association identifies and engages with all relevant organisations, including the Royal Colleges, other infection-related professional societies, healthcare agencies and the public

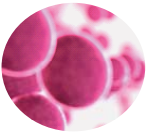
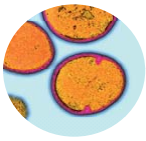
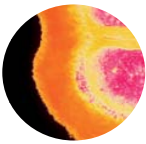
Progress during 2011

- Ongoing BIA representation on all relevant College committees and other external infection related committees and working groups (see Appendix B for further details)
- The BIA is a key contributor to several convened multi-professional Working Groups, with the aspiration of many more to follow. Examples include groups determining future strategy in the surveillance of HCAI and outcome measures, including College Key Performance Indicators
- Registered as a key stakeholder with NICE as regards infection related guidance, with subsequent invitation to formally endorse key national guidance
- Maintained key relationships fostered by parent organisations with external bodies such as the DH and HPA, including links with European and American infection societies
- BIA collaborating with BSAC, DH & HPA to promote antibiotic stewardship, pharmaceutical research and development of novel antibiotics, with formal support and active contribution made to Antibiotic Action, European Antibiotic Awareness Day 2011 and ASPIC (Antibiotic Stewardship in Primary Care)
- BIA presence on James Lind Alliance Lyme Disease Priority Setting Partnership Steering Group, a body which aims to address professional and public concerns and define areas of uncertainty for future research
- Invited to give media interviews in connection with the outbreak of verotoxin-producing *E.coli* in Germany during summer 2011

The ongoing collaboration of infection societies is important to raise the profile of infection specialists, to achieve greater influence in healthcare policy setting, and to provide a unified voice to the public and external agencies.

Further work in this area includes

- Continuing to develop close working relationships with HIS, BSAC, BHIVA etc, collaborating where appropriate on standard setting, guideline development etc
- Developing a strategy for dealing with media and other external enquiries. This will include identifying members who may be willing to speak on behalf of the Association on specific issues, or areas of expertise
- Exploring the possibility of developing a website section for the public, offering fact sheets on infection topics



Governance

Aim:

To ensure the integrity of BIA as a charity is protected through continued scrutiny and the development of a published strategy which explains how the Association is governed and managed, to the satisfaction of its Membership, Charity Commission and any other interested parties.

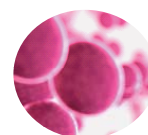
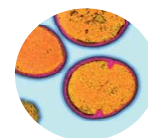
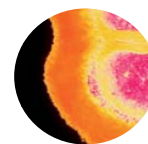
Proposed action:

- To ensure Memorandum of Understanding and Articles of Association for the association are regularly reviewed by Council
- To make available and publish copies of the annual report, audited accounts, and records of meetings
- To review, and further develop the role of Council members
- To promote opportunities for Council office, sub-committees and other association activities to the Membership
- To establish mechanisms for ensuring continuity on Council and association sub-committees

Financial summary as presented at the BIA Annual General Meeting in May 2011:

British Infection Association						
STATEMENT OF FINANCIAL ACTIVITIES						
INCLUDING INCOME AND EXPENDITURE ACCOUNT						
For the year ended 30 September 2010						
	Notes	Unrestricted funds £	Designated funds £	Restricted funds £	Total 2010 £	Total 2009 £
INCOMING RESOURCES FROM GENERATED FUNDS						
Investment income	2	22,766	-	-	22,766	24,829
Incoming resources from charitable activities	3	175,444	-	7,180	182,624	176,965
Other incoming resources	4	25,500	-	-	25,500	-
TOTAL INCOMING RESOURCES		223,710	-	7,180	230,890	201,794
RESOURCES EXPENDED						
CHARITABLE ACTIVITIES						
Activities in furtherance of objectives		182,423	-	7,180	189,603	173,039
Governance costs		5,183	-	-	5,183	6,275
TOTAL RESOURCES EXPENDED		187,606	-	7,180	194,786	179,314
NET INCOME FOR THE YEAR/ NET INCOMING RESOURCES		36,104	-	-	36,104	22,480
OTHER RECOGNISED GAINS AND LOSSES						
Gains on investment assets		100,435	-	-	100,435	35,721
NET MOVEMENT IN FUNDS		136,539	-	-	136,539	58,201
Fund balances at 1 October 2009						
As originally reported		172,659	640,000	-	812,659	841,924
Prior period adjustment	17	87,466	-	-	87,466	-
As restated		260,125	640,000	-	900,125	841,924
FUND BALANCES AT 30 SEPTEMBER 2010		396,664	640,000	-	1,036,664	900,125

Governance



3 INCOMING RESOURCES FROM CHARITABLE ACTIVITIES				
	Unrestricted funds	Restricted funds	Total 2010	Total 2009
	£	£	£	£
Subscriptions	24,795	-	24,795	24,448
Journal of Infection	150,649	-	150,649	141,262
Grants and Meeting Sponsorships	-	7,180	7,180	11,255
	<u>175,444</u>	<u>7,180</u>	<u>182,624</u>	<u>176,965</u>
4 OTHER INCOMING RESOURCES				
			2010	2009
			£	£
Other income			<u>25,500</u>	-
5 TOTAL RESOURCES EXPENDED				
	Other costs	Grant funding	Total 2010	Total 2009
	£	£	£	£
CHARITABLE ACTIVITIES				
ACTIVITIES IN FURTHERANCE OF OBJECTIVES				
Activities undertaken directly	92,804	-	92,804	129,767
Grant funding of activities	-	96,799	96,799	43,272
Total	<u>92,804</u>	<u>96,799</u>	<u>189,603</u>	<u>173,039</u>
GOVERNANCE COSTS				
	<u>5,183</u>	-	<u>5,183</u>	6,275
	<u>97,987</u>	<u>96,799</u>	<u>194,786</u>	<u>179,314</u>

Summary:

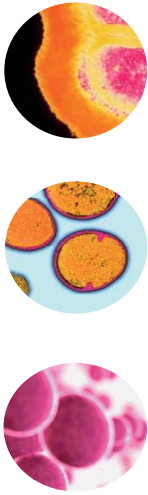
The Association's income increased from £201,794 in 2009 to £230,890 in 2010. Expenditure increased from £179,314 in 2009 to £194,786 in 2010. This resulted in a surplus before investment gain of £36,104 (2009: surplus of £22,480).

Supplying members' journal copies cost £28,051 in the year, and Fellowship Grants awarded in the year amounted to £96,799.

Investments increased from £730,130 in 2009 to £849,998 in 2010. The Association made an unrealised gain of £110,594 in the year (2009 £43,733). This is a result of changes in stock market conditions in the year.

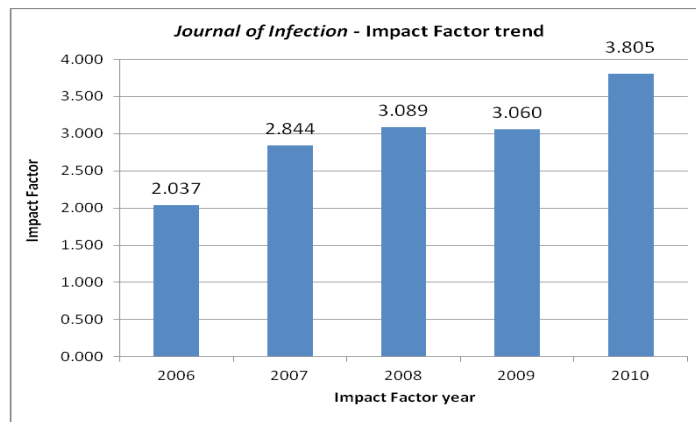
The net assets of the Association at 30 September 2010 amounted to £1,036,664 (2009: £900,125).

The Association can continue to look forward to improving its financial position with the continuation of improvements in stock market conditions.

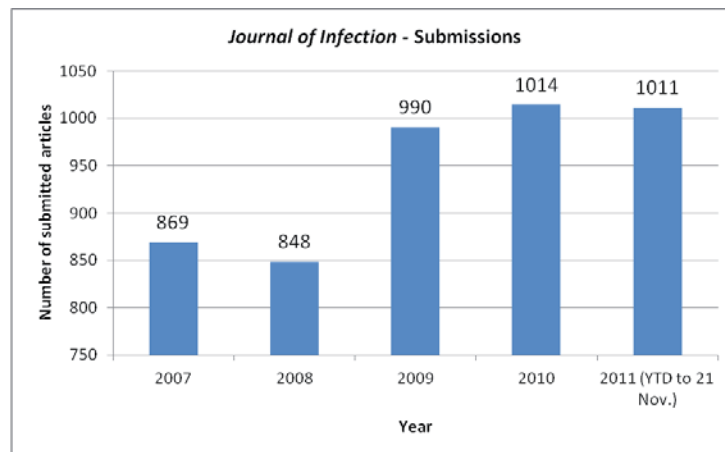


The Journal of Infection

The Journal of Infection is the academic publication of the British Infection Association and continues to grow in terms of international profile and quality. Our central strategy over the past 5 years has been to increase the Impact Factor; the rationale for this is because it will lead to increasing quality of submissions, and in turn enhance our institutional subscription income. Our strategy currently appears to be working (see Figure) and this has been achieved through increased rejection rates. As a result we are already starting to see an increase in quality of submissions.

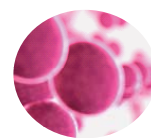
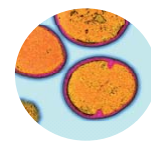
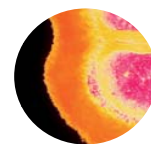


In turn, there has also been an increase in numbers of submissions (see Figure), particularly noticeable in the last few months, since our IF rose to 3.8. We have now been joined by new Associate Editors, Dietrich Mack (Swansea), Delia Goletti (Rome), Andrej Trampuz (Lausanne) and Katie Jeffery (Oxford) who join the current team of Martin Wiselka, David Laloo, Keith Neal, Goura Kudesia, Tom Harrison and Robert Atmar (USA). We are immensely grateful for everyone's efforts and long may they (hopefully) continue! We are also pleased with the helpful collaboration of the Production Team at Elsevier who help us generate a good product to time and target every month.



Robert Read
Editor, Journal of Infection
December 2011

How to contact us



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New Road
Princes Risborough
Bucks
HP27 0JN

Telephone

In the first instance please contact Anne Taylor on 07578 599902
Head office can be contacted on 01844 275650

Fax

01844 274407

Email

secretariat@britishinfection.org

Council members contact details:

President, Dr Jane Stockley, president@britishinfection.org

Vice President, Dr Peter Moss, vicepresident@britishinfection.org

Honorary Secretary, Dr Beryl Oppenheim, secretary@britishinfection.org

Honorary Treasurer, Professor Alistair Leanord, treasurer@britishinfection.org

Meetings Secretary, Professor Steve Green, meetings@britishinfection.org

Membership Secretary, Dr David Jenkins, membership@britishinfection.org

Clinical Services (ID), Dr Matthias Schmid, clinicalservicesid@britishinfection.org

Clinical Services (Micro & Virology), Dr Andrew Swann, clinicalservicesmv@britishinfection.org

Guidelines Secretary, Dr Peter Cowling, guidelines@britishinfection.org

Communications Secretary, Dr Kumara Dharmasena, communications@britishinfection.org

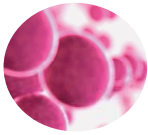
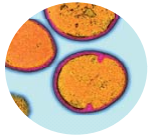
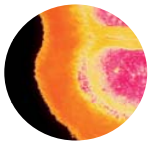
Manpower & Training Secretary, Dr Albert Mifsud, manpowertraining@britishinfection.org

Scientific & Research Secretary, Professor Dietrich Mack, scientificresearch@britishinfection.org

Trainee (Meetings) Secretary, Dr Susan Larkin, traîneemeetings@britishinfection.org

Trainee (Professional Affairs) Secretary, Dr Susie Alleyne, traîneeprofaffairs@britishinfection.org

Trainee (Communications) Secretary, Dr David Partridge, traînee@britishinfection.org



Appendix A

British Infection Association Sub-Committees

Clinical Services Committee (Microbiology & Virology)

Andrew Swann (Chair) Leicester
 Tony Elston (Secretary) Colchester

CSC Regional group

	Current member	
North West	John Cheesbrough	(Preston)
Northern	Glenda Horne	(Gateshead)
Yorkshire	Philip Marsh	(Bradford)
Trent	Fiona Donald	(Nottingham)
West Midlands	Claire Constantine	(Worcester)
Oxford	Shabnam Iyer	(Reading)
Wessex	Ann Pallett	(Southampton)
S Thames E	Mark Zuckerman	(Kings)
S Thames W	Jenny Child	(Chichester)
N Thames W & E	Bharat Patel	(North Middlesex)
East Anglia	Nick Brown	(Cambridge)
South West	Richard Cunningham	(Plymouth)
N Ireland	Paul Rooney	(Belfast)
Ireland	Breida Boyle	(St James)
E Scotland	Michael Lockhart	(Tayside)
W Scotland	No Group	
Wales	Neil Carbarns	(Abergavenny)

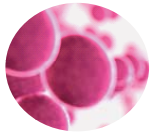
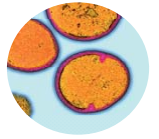
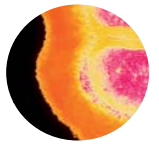
Prevention of Infection representative	Louise Teare
Health Protection Agency representative	Barry Cookson
Clinical Virology Network representative	Pamela Molyneaux

Clinical Guidelines Committee

Meera Chand	London
Peter Cowling (Chair)	Scunthorpe
Tony Elston	Colchester
Steve Green	Sheffield
David Jenkins	Leicester
Rojeka Lazarus	Oxford
Frances Sanderson	London
Matthias Schmid	Newcastle
Andrew Swann	Leicester
Andrew Ustianowski	Manchester

Manpower and Training Committee

Celia Aitken	Glasgow
Susie Alleyne	Leicester
Nick Beeching	Liverpool
Barbara Isalska	Manchester
Susan Larkin	Birmingham
Albert Mifsud (Chair)	Whipps Cross
Matthias Schmid	Newcastle



Scientific and Research Committee

David Dockrell	Sheffield
Jon Friedland	London
Steve Green	Sheffield
Dietrich Mack (Chair)	Swansea
Melanie Newport	Brighton
Shiranee Sriskandan	London

Trainees' Committee

Susie Alleyne (Council)	Leicester
Meera Chand	London
Rishi Dhillon	London
Christopher Duncan	Oxford
Theo Goularis	Cambridge
Clare Hamson	Newcastle
Abid Hussain	Leicester
Susan Larkin (Council)	Birmingham
Rajeka Lazarus	Oxford
Sarah Logan	London
Damian Mawer	Leeds
Fiona McGill	Leeds
David Partridge (Council)	Sheffield
Jog Simantini	Exeter
Nim Wickramasinghe	Coventry

Specialist Certificate Examination in Infectious Disease (jointly with MRCP(UK) Office, Federation of Royal Colleges of Physicians)

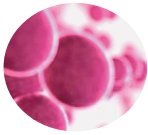
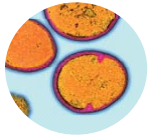
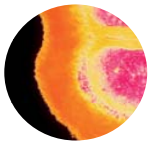
Nick Beeching	Academic lead and Chair, Examination Board
Ann Chapman	Secretary, Examination Board
Ray Fox	Chair, Standard Setting Group

BIA/MRC Clinical Training Fellowship committee

Jon Friedland	London
---------------	--------

BIA Advisory Committee for Clinical Excellence Awards

Nick Beeching (Chair)	Liverpool
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Appendix B

BIA representation on external committees

Academy of Royal Colleges Infection Training Working Party
Albert Mifsud

Alliance of Societies in Pathology & Laboratory Medicine
Peter Cowling

**Antibiotic Stewardship in Primary Care (ASPIC) initiative
European Antibiotic Awareness Day preparation group**
Phil Howard & Jane Stockley

ARHAI Professional Education Subgroup
Jane Stockley

BIA/BOA/HIS Working Group for Prevention, Diagnosis and Management of Orthopaedic infection
Peter Cowling, Bridget Atkins, Frances Sanderson, Jane Stockley, Rob Townsend & Andrew Woodhead,

British Thoracic Society Joint Tuberculosis Committee
Martin Wiselka

Coalition of UK Medical Specialty Societies
Peter Moss

DH Advisory Group on Hepatitis
Peter Moss

DH Facial Protection (Influenza) Working Group
David Jenkins

DH Review Group on iv immunoglobulin use
Marina Morgan & Shiranee Sriskandan

UK Tuberculosis Advisory Group
Jon Friedland

DH Steering Group. National Audit of MRSA Screening Project
Beryl Oppenheim

ECDC Point Prevalence Survey of HAI and antibiotic Consumption Steering Group
Louise Teare

ESCMID Council
Rob Read

ESCMID Trainees Association
Kate Adams

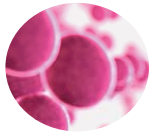
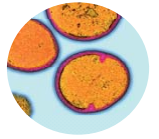
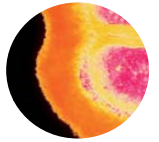
European Health Care Associated Infection Network
Barry Cookson

European Union of Medical Specialists
Albert Mifsud (for Medical Microbiology)
Nick Beeching (for Infectious Diseases)

HIS/BSAC/BIA Working Party on MDR Gram-negative infections
Beryl Oppenheim & Al Leanord

HPA Control of Pertussis in healthcare settings
David Jenkins

HPA Invasive Group A streptococcal National Guidelines Group
Marina Morgan & Shiranee Sriskandan



HPA Primary Care Group
Richard Cunningham

HPA Standard Methods Working Group
Shabnam Iyer

HPA web-based enhanced Tuberculosis surveillance Steering Group
Anne Dyas

Joint Committee on Infection and Tropical Medicine (RCP & RCPATH)
Matthias Schmid, Albert Mifsud & Susie Alleyne

National External Quality Assurance Advisory Panel (Microbiology)
Glenda Horne

National Laboratory Medicine Catalogue Stakeholder Meeting
Andrew Swann

National MDR-TB advisory group
Graham Cooke

Norovirus (multi-agency) guideline group
Peter Cowling, David Jenkins, Albert Mifsud

Pandemic Influenza Clinical Advisory Group
Rob Read

RCPATH College Advisory Training Team (CATT)
Albert Mifsud

RCPATH Manpower Committee
Albert Mifsud

RCPATH Specialist Advisory Committee (Microbiology)
Jane Stockley

RCPATH Working Group for Molecular Techniques in Diagnostic Bacteriology
Beryl Oppenheim

RCPATH Workforce Advisory Group (Microbiology)
Steve Barrett

RCP Clinical Effectiveness Forum
Matthias Schmid & Peter Moss

RCP Medical Workforce Unit
Matthias Schmid & Albert Mifsud

RCP Specialist Advisory Committee – Infectious Disease & Tropical Medicine
Steve Green, David Partridge and Susie Alleyne

UK Standards for Microbiology Investigation Steering Group
Beryl Oppenheim

Meet some of the team

Sorry we are not all present, however you might find it helpful to put some faces to some names



Dr Peter Moss
Vice President



Dr Beryl Oppenheim
Hon Secretary



Professor Alistair Leanord
Hon Treasurer



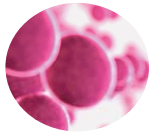
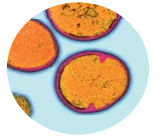
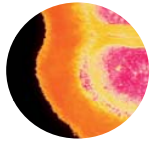
Professor Steve Green
Meetings Secretary



Dr Andrew Swann
Clinical Service Secretary



Dr Peter Cowling
Guidelines Secretary



Dr David Jenkins
Membership Secretary



Dr Albert Mifsud
Manpower & Training Secretary



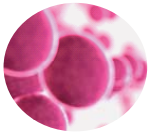
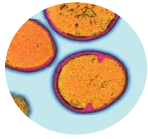
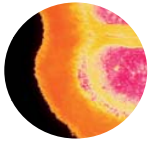
Dr Kumara Dharmasena
Communications Secretary



Professor Dietrich Mack
Scientific & Research Secretary



Dr David Partridge
Trainee Representative



Thank You & Acknowledgements

I would like to extend heartfelt thanks to all those BIA members who contribute to the work and success of the association; it will only continue to flourish through the commitment of the Membership, and if we achieve success in what we strive to do. A rough headcount of the above members and Council comes to well over 60, and that does not include the many others who contribute to consultations, the email discussion forum, journal work and educational activities.

Thanks also to Anne and Julie at Hartley Taylor for all their hard work on the administration side of the Association, obtaining sponsorship for scientific meetings, and many other unseen activities. Also to Tracey Guise from BSAC, who has helped greatly in the production of this report, and facilitated collaboration between BIA, BSAC and HIS.

Jane Stockley

BIA President